और गोलमाल किया है । जो मार्गदर्शी सिद्धांत केन्द्र सरकार के द्वारा जारी किये जा रहे हैं क्या उनमें इस बात का प्रावधान है कि एजेंटों के माध्यम से जिसको भी लाटरी निकालने की स्वीकृति दी जाती है वह एजेंटों के माध्यम से लाटरी न निकाले । क्या ऐसा प्रावधान अपने मार्गदर्शी सिद्धांतों में आप करेंगे ?

SHRI M. M. JACOB : Actually, in the guidelines suggested by the Government of India, we have said that the State Government must even print the lottery tickets, supervise the lottery tickets and government officers must be present at the time of taking the draw. We have also provided a ceiling for the maximum money in bumper lotteries. Guidelines are definitely there.

SHRI AJIT P. K. JOGI : Are you banning the agents ? They are playing the mischief.

SHRI M. M. JACOB : No: that is up to the State Governments, Mr. Jogi.

SHRI AJIT P.K. JOGI : Why don't you include it in the guidelines ?

MR. CHAIRMAN : That is his suggestion. You should look into it.

श्री रामदास अग्रवाल : महोदय, मैं आपके माध्यम से मंत्री महोदय से जानना चाहता हूं कि लाटरी का जो बिजनेस सारे देश में और लगभग सभी प्रांतों में.....

एक माननीय सदस्य : : राजस्थान में ज्यादा । ...(व्यवधान)

श्री रामदास अग्रवाल : वहां उन लाटरीज में कितना प्राफिट होता है, इसकी जानकारी अवश्य होनी चाहिए, क्योंकि जो सत्य सामने आते हैं, उसके हिसाब से लाटरी खोलने में और उनके वितरण करने में और खर्चा इत्यादि कटने के बाद उसका नेट प्राफिट 3 प्रतिशत से ज्यादा नहीं होता लेकिन 3 प्रतिशत प्राफिट के लिए क्या इस देश में इस प्रकार की व्यवस्था चालू रहे, जिससे जुआ खेलने की प्रवृत्ति आगे बढ़े यह मेरा प्रश्न क. पहला भाग है । मेरे प्रश्न का दूसरा भाग यह है कि जो लाटरीज खोलते हैं, जिस व्यक्ति के नाम पर खुलती है, उनकी लिस्ट या उनका नाम आम तौर पर प्रकाशित नहीं होता है । इसमें से ऐसा आभास मिलता है कि जिनके नाम पर लटरी खुलती है और यदि वह गरीब आदमी है, तो वह लटरी टिकट किसी दूसरे को दे देता है और वह उसके लाभ से वंचित होकर किसी आदमी के हाथ में चला जाता है, जिससे उसे अपने ब्लैक रुपये को व्हाईट करने के लिए मौका मिलता है । तो ऐसी प्रवृत्ति को रोकने के लिए क्या सरकार किसी प्रकार की व्यवस्था कर रही है ?

SHRI M. M. JACOB : Sir, the Member is true when he says that some transaction has taken place like that, but that is an inevitable part of the consequence. But regarding the profit of various States I have got the list. I don't want to take the time of the House reading out the profit of all the States, how much money they have got.

SHRI RAMDAS AGARWAL : Percentagewise. I have come to know that the profit is hardly 3 per cent. I would like to know whether it is correct or not.

SHRI M. M. JACOB : Some of the States have got 4 per cent, some of them have got more than 4 per cent.

SHRI RAMDAS AGARWAL : Let it be three to four per cent. But, if not 3 per cent,...*interruptions*)...

SHRI M. M. JACOB : That is only a suggestion you have made and I have taken note of it.

Deaths in the AIIMS

*182. SHRI SANTOSH BAGRODIA:†

SHRI KRISHNA KUMAR BIRLA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that a number of deaths have taken place in the Anesthesiology ICU of AIIMS during the last twelve months; and

(b) if so, what are the details in this regard and action taken to remedy the situation ?

†The question was actually asked on the floor of the House by Shri Santosh Bagrodia.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDARTHA) : (a) and (b) A statement is laid on the Table of the House.

Statement

The total number of patients admitted to the Intensive Care Unit (ICU) during the last 12 months 1-11-1990 to 31-10-1990 and related details are as follows,

Total No. of patients admitted in ICU	Patients shifted from ICU after condition stablises	Patients who died in ICU	Mortality
266	192	74	27.9%

The Anaesthesiology ICU of AIIMS admits critically ill patients from all the Departments of AIIMS Hospitals and outside.

However, efforts are continuously made to improve the services by installation of the latest equipment, which provides sophisticated monitoring and specialised care, and induction of the state of the art technology for the best possible patient care.

SHRI SANTOSH BAGRODIA: Mr. Chairman Sir'AIIMS used to have a name. and could boast of being anelite centre of excellence. Our hon. Minister has also said today on t. v. when the Lok Sabha proceedings were projected--I don't know. I saw it on the t.v. I don't know about it--"We will still make it an elite centre of excellence." Even in his reply he has said, "Efforts are continously made to improve the services by installation of the latest equipment." What I want to impress upon the hon. Minister is that these statistics show 74 deaths, but even one death due to negligence is very important. My point is in any kind of death or this kind of death there are two factors involved. One is human and the other is mechanical. The mechanical factor is this. Sophisticated equipments are given in the hospitals. I would like to know how often these equipments are being serviced and checked and whether the Government plans to formulate guidelines sothat other hospitals in Delhi and the rest of the country can follow them to avoid such deaths due to technical faults. Part (b) of my supplementary is regarding the human factor. Whosoever is on any ship or any arircraft, the leader is the captain or the pilot. Who is the leader in the operation theatre? If it is the chief surgeon and if he takes cognizance of any fault of any of the staff, does the Ministry take action seriously on the recommendation of that particluar surgeon or is the action taken against the surgeon himself?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): Sir, let me very frankly and candidly clarify that I never said that all India Institute of Medical Sciences is an elite centre of excellence. I don't believe in elitism. The Institute has no religion, it has no class or it has no caste It is meant for the diseased, irrespective of caste, class or religion. What I said in the Lower House is that the excellence of this premier institute of medical sciences in the country will be restored and its referal characterwill be restored. So elitism doesn't come in and I don't believe in elitism.

Secondly, he has stated that the deaths were due to some human error. The Hon. Member, perhaps, has referred to one of the news items in a daily newspaper from Delhi which has indicated thatdueto something some people have died. We have taken not of that. We have written to the editor of the paper that some persons whose names have been mentioned in that paper are still alive. I am as certain about that as I am speaking in this House. The paper had indicated that one J.B. Singh died due to some disease. This J. B. Singh is very much alive and he has not died. Similarly, another name, Rajiv Nath, had been mentioned in that paper and I am told that that paper had made a correction the next day. That Rajiv Nath is also alive. The hon. Member has mentioned about human suffering. I agree with him that some deaths have taken place. It is neither due to human negligence nor due to mechanical error. Iagree with him that the equipment which is in the All India Institute of Medical Sciences or in any other hospital in Delhi maynot be adequate. We have taken note oft hat and I have ordered that the most modern state-of-the-art equipment should be made available in the All India Institute of Medical Sciences and whatever may be the funds required, I have just put those funds at the disposal of the All India Institute of Medical Sciences.

SHRI SANTOSH BAGRODIA: Sir, before coming to my second supplementary, when I said the elite centre it does not mean for the elite people. An "elite centre" means that it is a centre with most sophisticated equipment meant for everybody. I have also not meant any differentiation between rich and poor or one caste and the other or one religion and the other.

My second supplementary is that some uncommon bacteria was found last year in the ICU and twelve deaths took place in two months last year, November-December. I would like to know what happened to the enquiry aboutthe bacteria. I have also mentioned about indiscipline. One of my colleague Members--I don't want to name her--has a lot of pain even today. She does not want to go to the All India Institute of Medial Sciences because of fear. I can assure you that. It occurred to me just now. There was a news item that a nurse was injecting distilled water instead of drugs in the All India Institute of Medical Sciences. This is what is happening. This is what I say indiscipline. When a surgeon has reported that a particular nurse or particluar lady doctor or male doctor is not properly dressed, then it is the decision of the surgeon which should be important like the pilot's or captain's in the aircraft or the ship. If we don't take action againt such kind of incidents, it would be impossible to maintain discipline. So I would like toknow from the hon. Minister what steps is he going to take to maintain proper discipline when action can be taken against the real culprits and not against those who are disciplined.

SHRI M. L. FOTEDAR: Let me tell the hon. Member very humbly and in all humility that whatever we read in the newspapers, we should not take it as a conclusive proof of what exactly happened This professional rivalry is not only in the business circle but even doctors can have professional rivalry. I can tell the hon. Member that it is not only your preserve but this can be their professional rivalry also. He has mentioned about a nurse who had injected some water and not drug, whatever it is, because some vials of drugs were found. There is no evidence. Up to this time it hansn't come to our notice that she had injected some distilled water and not the drug. However, I have asked the Director of the Medical institute to look into it and report back to me. So far as the second uestion is concerned, the doctors work in the operation theatre, I must tell him, as a team. They do not fight against each other and all of them are responsible to the leader of the team who performs the operation.

SHRI V. GOPALSAMY : Mr. Chairman, Sir, the Minister tried to justify the reckless attitude of the doctors and the concerned people in the Anesthesiology Department of the AIIMS. Some patients died under most suspicious circumstances. Now the Minister says that all that appears in the newspapers is not true. I would like to know from the Minister whether it is true or not that a 36 years old Mr. Datta, a bank official who had turned up at the AIIMS for an operation on his knee, came out of the hospital with a severely damaged brain and eventually died on 7th December, 1990. When this news appeared in a section of the press, the then Health Minister promised that a probe would be conducted. But nothing has come out so far. I would also like to know from the Minister whether it is true that Master Puneet, a cheerful six-year old child, who was taken to the hospital died instantly after anesthesia was administered to him. The acting head of the department, Professor of Anesthesiology, wrote a letter to the Medical Superintendent that a proper enquiry should be conducted and the reasons for the deaths of these patients should be found out. His request was turned down, it was rejected, Now it is reported that the case sheets of these patients have been locked up. It is shocking and horrifying to note that the hospitals which are supposed to give releif and cure have, in fact, become death camps. Now the Minister says that nothing has happened and all that is reported in the newspapers is not true. I would like to know from the Minister whether such suspicious deaths have taken place in the hospital and I would also like to know whether he is ordering an enquiry into these deaths.

SHRI M.L. FOTEDAR : Sir, when we talk of hospitals, we have to be very humane and humble. I would like to report back to the House very humbly, without getting emotional, or without losing temper that I do not hold any brief for people who are reckless and who play with human sufferings. You must understand that. I am very humane and I cannot compromise with any system which does not mitigate human suffering. The Hon, Member has mentioned about two cases. I must be clear about it. One is about Mr. V.K. Datta. Yes, In December, 1990, he passed away and the then Minister ordered an inquiry comprising 4 to 5 people. The report has been submitted and it is being examined. I would like to assure the hon. Member that the report is under strict scrutiny and what ever be the outcome, I will very faithfully and religiously implement it and take action that may be necessary. The hon. Member again mentioned about Master Puneet. I am not saying that all that appears in the newspapers is incorrect (*interruptions*)..In this case the question pertains to whether the death was caused by anesthesia. So far as Puneet is con-

cerned, I know he has passed away and it was an unnatural death. But the report has come to me says that the death was not due to anesthesia. Even then I have asked the Director of the Medical Institute to enquire into it and satisfy himself. The Board of Doctors of the Medical Institute are also looking into it and they will be reporting back to me.

श्री सैयद सिब्ते रजी : सर, यह बड़ी खुशी की बात है कि हमारे मंत्री जी इन मामलात को बड़े इंसानी कदरों की निगाह से देखते हैं । मैं सिर्फ इतना जानना चाहूंगा कि आपने कहा है कि लेटेस्ट इक्विपमेंट्स हम प्रोवाइड करने जा रहे हैं और ऑल इंडिया इंस्टीट्यूट आफ मेडिकल साइंसेज में एनेस्थीसियोलोजी से संबंधित जो इक्विपमेंट्स हैं, वह कब खरीदे गये और इस बीच उनमें कोई बदलाव आया है या नहीं ? दूसरे, ए.आई.आई.एम.एस. के बारे में आपने जो स्टेटमेंट दिया है, इसके अलावा भी दिल्ली के कुछ हॉस्पिटल्स में ऑपरेशन थियेटर में एनेस्थीसिया दिये जाते समय जो डैथ हुई हैं, क्या आपको इस बारे में ज्ञान है और यदि है, तो क्या आप बताने की कृपा करेंगे ?

श्री एम० एल० फोतेदार : ऑनोरेबिल मेंबर को मैं यह नहीं बता सकता हूं, क्योंकि मेरे पास वह फिगर्स नहीं हैं कि यह कब खरीदे गये थे । लेकिन मैंने इस बात की हिदायत दी है कि जहां कहीं भी सिक्स्टीज या सेवेन्टीज के पुराने इक्विपमेंट हैं, उनको बदला जाये और मोस्ट मोडर्न, स्टेट-आफ-दि-आर्ट इक्विपमेंट लिया जाये और मरीजों की अच्छी खातिर की जाये और उनके दर्द को दूर किया जाये । जहां तक दिल्ली के दूसरे अस्पतालों का ताल्लुक है, राम मनोहर लोहिया हॉस्पिटल में स्टाफ की कमी थी, वहां स्टाफ को हमने बढ़ाया है । शायद चार सौ या पांच सौ लोगों को भर्ती करने की हिदायत दी है इसी तरह सफदरजंग हॉस्पिटल में सात या आठ सौ नयी पोस्टें क्रिएट की हैं और वहां भी हमने यह हिदायत जारी की है कि जहां कहीं . . . (**व्यवधान**)

श्री आर०के० धवन : किस डिपार्टमेंट के लिये हैं आठ सौ पोस्ट ?

SHRI SYED SIBTEY RAZI: For one department? ... (*Interruptions*)...

SHRI M. L. FOTEDAR: No, no: for the whole hospital... (*Interruptions*)..

SHRI SYED SIBTEY RAZI: It is for the Anaesthesia Department? (*Interruptions*)

SHRI M. L. FOTEDAR: No, no. It is for the whole hospital.... (*Interruptions*)...

ऑनोरेबिल मेंबर को मैं यह बताना चाहता हूं कि जहां तक एनेस्थीसिया का ताल्लुक है, हमने हिदायत जारी की है कि जो स्टूडेंट जायें उन्हें एन्करेज करने के लिए कुछ प्रावधान किया जाये ताकि ज्यादा से ज्यादा लड़के एनेस्थीसिया में ट्रेंड हो जायें ।

SHRI M. S. GURUPADASWAMY : What about the rate which are rampant there ?.. (*Interruptions*)..

MR. CHAIRMAN : Give them anaesthesia ! ..(*Interuptions*)..Yes, Mr. Upendra.

SHRI P. UPENDRA : Sir, the conditions in the All India Institute of Medical Sciences are not only unsatisfactory, but also they are deplorable. I am speaking from personal knowledge because I am a periodical visitor to that Institute and I was also an in-patient there not once, but twice or thrice. But I cannot blame the doctors there. You see, all the corridors are congested and you cannot walk through them. Go to any department, except the VIP block where the people who pay stay, the conditions in the rest of the blocks are worse than in district hospitals. The basic reason for this is that it was conceived as a referral hospital. But, today, it has become a basic hospital and even for common diseases people are going there. Unless you solve this problem and restore its referral character, the conditions in the Institute cannot be improved at all. There is also a hospital across the road, I mean, the Safdarjang Hospital and there also conditions are bad and, therefore, everybody is coming here. Further, they are also going to open a new OPD. But that will not solve the problem. Why should it be attached to the AIIMS ? Can.t you treat it as a separate hospital ? Under the circumstances, I would like to know whether the honourable Minister will try to restore the basic character of the Institute. Several earlier Ministers were afraid of doing it. You should be bold enough and call for a meeting of the party leaders and the doctors and others concerned and take a bold decision.

SHRI V. GOPALSAMY : Without disclosing his identity, Sir, if the Minister gets himself admitted there, then only he will know the conditions there ... (*Interruptions*)...

MR. CHAIRMAN: But he is healthy. So, why should he go there ?...(*Interruptions*)..

SHRI M. L. FOTEDAR : Sir, I have all respect for Mr. Upendra. I know that he was admitted in a private ward. I would have liked his going to a common ward and seeing the things for himself and then he should have given his opinion (*Interruptions*)...

SHRI V. GOPALSAMY : Sir, he should have gone there once..(*Interruptions*)..without disclosing his identity.

SHRI M. L. FOTEDAR : If he had gone there, nobody would have recognised him. (*Interruptions*)..At least when I go there, some people will recognise me..(*Interruptions*)..At least he would have got the best treatment..(*Interruptions*)..

SHRI P. UPENDRA : I am not talking about the treatment, but I am talking about the conditions there...(*Interruptions*)...

SHRI M. L. FOTEDAR : You have mentioned about the restoration of the referral character of the Institute. I made a commitment in the Lok Sabha yesterday and I reiterate firmly that commitment that I have taken a decision and I will implement it and the referral status of the All-India Institute of Medical Sciences will be restored within two or three years. That is why we are having a most modern scr ning OPD. At this time, the OPD in the All India Institute of M dical Sci nc s c n cat r only to 600 people ver day. It was meant for that Now, we are having an OPD which will cater to a minimum, on an average of 5,000 outdoor patients per day, and we will have all the super-specialities there. Whenever it is necessary that a patient has to be referred to the All India Institute of Medical Sciences, the AIIMS will be there.So,we are taking the necessary steps for strengthening, for improving, and for upgrading the All India Institute of Medical Sciences because it is a premier institute in the country and its excellence has to be restored. I can assure this House that we are very bold enough to take such decisions, and we have taken this.

MR. CHAIRMAN : Question No. 183.

Use of Fluoride

*183. CHOWDHRY HARI SINGH : SHRI KRISHAN LAL SHARMA

Will the Minister of HELATH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that necessary information concerning the use of fluoride by children was not inculded in the Notification published by the Ministry on 19th April, 1991;

(b) if so, what were the reasons therefor;

(c) whether Government's attention as been drawn to a news item published in this regard in the 'Times of India' dated the 9th October, 1991 entitled 'Fluride a teething menace;

(d) whether Government propose to amend the Notification ; and

(e) if not, what are the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M.L. FOTEDAR) : (a) to (e) A statement is laid on the table of tee House.

Statement

(a) Yes, Sir.

(b) the government had publiised a draft notification on 29-3-1990 for eliciting public comments which inculeded the tollowing provisions :

(i) Floride content in toothpastes shall not be more than 1000 ppm and the content of flouride in terms of ppm shall be mentioned on the tube and carton.

(ii) every tube and carton of the tooth paste shall bear the folloing cautionary note:—

Caution:— Children below 7 years should not be allowed to use fluoride toothpaste.

(iii) Date of expiry should be mentioned on tube and carton.

A large number of comments were received opposing the proposed caution regarding the use of fluoride toothpaste by Chidren below 7 years. The Government, after carefully examining the comments in consultation with the experts, took a deicsion to delete it. The draft notification was, therefore, modified and the final notification was published on 19-4-1991.

†To he question was actually asked on the floor of the House by Shri Krishn Lal Sharma.